United Nations A/60/368

General Assembly

Distr.: General
26 September 2005
English
Original: Spanish

Sixtieth session
Agenda items 46 and 120

Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

Follow-up to the outcome of the Millennium Summit

Letter dated 9 September 2005 from the Permanent Representative of Guatemala to the United Nations addressed to the Secretary-General

I have the honour to transmit to you herewith the report of the Government of Guatemala, entitled "Millennium Goals: Second progress report of Guatemala" (see annex).

I should be grateful if you would have the report published and circulated as a document of the General Assembly under agenda items 46 and 120 during the High-level Plenary Meeting.

(*Signed*) Jorge **Skinner-Klee**
Ambassador
Permanent Representative

05-57228 (E) 021205 061205

Annex to the letter dated 9 September 2005 from the Permanent Representative of Guatemala to the United Nations addressed to the Secretary-General

Government of Guatemala
Presidential Secretariat for Planning and Programming

Millennium Goals:
Second progress report of Guatemala

Draft summary

Submitted to the High-level Plenary Meeting of the sixtieth session of the United Nations General Assembly

New York, September 2005

Contents

		Page
1.	Introduction	5
2.	Executive summary	6
3.	Development context	7
4.	Poverty and hunger in Guatemala (MDG 1)	8
5.	Achieving universal primary education (MDG 2)	14
6.	Promoting gender equality (MDG 3)	16
7.	Reduce child mortality (MDG 4)	19
8.	Improve maternal health (MDG 5)	22
9.	Combat HIV/AIDS, malaria and other diseases (MDG 6)	24
10.	Ensure environmental sustainability (MDG 7)	29
11.	Develop a global partnership for development	33
12.	Cost of achieving the goals	36
	Bibliography	37
Annexes		
1.	MDGs at a glance	40
2.	MDG statistics	41
	Notes	45

Acronyms

APROFAM	Family Welfare Association of Guatemala
ASIES	Association for Social Research and Study
CIEN	National Economic Research Centre
CIUP	University of the Pacific Research Centre
DOTS	Directly Observed Treatment Short-Course
DR-CAFTA	Free Trade Agreement between the United States of America and the Republics of Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and the Dominican Republic
ECLAC	Economic Commission for Latin America and the Caribbean
ENCOVI	National Living Standards Survey
ENSMI	National Maternal and Child Health Survey
HIPC	Heavily Indebted Poor Countries
IDB	Inter-American Development Bank
INE	National Statistical Institute
INFOM	Municipal Development Institute
MECOVI	Regional Program for Improving Household Surveys and Measurement of Living Conditions in Latin America and the Caribbean (IDB, WB, ECLAC)
MINEDUC	Ministry of Education
MSPAS	Ministry of Public Health and Social Welfare
PEN	National Strategic Plan
PNM	National Malaria Eradication Programme
PNSR	National Reproductive Health Programme
SAN	Food and Nutritional Security
SEGEPLAN	Presidential Secretariat for Planning and Programming
SESAN	Presidential Secretariat for Food and Nutritional Security
SIECA	Permanent Secretariat of the General Treaty on Central American Economic Integration
SIGSA	Health Management Information System
SOSEP	Secretariat for Social Work of the First Lady of the Republic
TSE	Supreme Electoral Tribunal
UN/GUAT	United Nations Office in Guatemala
UNDP	United Nations Development Programme
UNDP-HDI	Guatemala National Office of the UNDP Human Development Report
USAC	San Carlos State University
WB	World Bank

1. Introduction

In 2000, the Heads of State and Government of Member States made a number of historic commitments, which were set out in the Millennium Declaration. Five years later, a review is being carried out of the successes and failures in honouring the commitment to tackle in a comprehensive manner the triple challenges of promoting development, providing security for all our citizens and consolidating democracy and respect for human rights.

The broad goals contained in the Millennium Declaration are fully consistent with those set out in the peace agreements signed in December 1996 and those contained in the programme of the current Government.

This report reviews Guatemala's progress towards the achievement of those goals. Like in many developing countries, there is both good and bad news. Important advances have been made in the areas of education, health, child nutrition and institution building, which are the basis for development. On the other hand, not enough progress has been made in reducing poverty. Furthermore, nearly 10 years after the signing of the peace agreements, and in the context of a generally successful process, the strengthening of the rule of law and deepening of democracy still pose challenges. We have therefore redoubled our efforts to consolidate the progress that has been made and to overcome the many obstacles to more rapid economic growth and the strengthening of a system of democratic, participatory and inclusive governance.

An economic and social recovery programme has been designed and implemented. The programme combines more dynamic growth with an emphasis on the provision of social services and job creation, all with a view to reducing poverty and hunger. Policies are aimed at the most vulnerable groups, including the rural population and, within this group, our indigenous peoples. Considerable efforts have been made to promote rural development and a public agenda for indigenous peoples based on the principles of interculturalism has been adopted. The current Government is also working to improve the status of women in a society in which women are yet to achieve equality with men.

Finally, with regard to the achievement of the eighth Millennium Goal, the main challenges are related to the need for the international system, particularly in the sectors of trade, financing and technology transfer, to create conditions that are conducive to cooperation between domestic stakeholders and genuine partnership with the world's main developed economies. Market access and both public and private external funding are also needed to complement efforts at the domestic level.

In conclusion, it should be noted that this report was prepared with the support of Government partners, in particular information provided by the National Statistical Institute. Although the report was prepared by the Government of Guatemala, the technical and financial support of international cooperation partners, in particular the United Nations Office in Guatemala, the Inter-American Development Bank (IDB), the World Bank (WB) and the United States Agency for International Development (USAID) was invaluable. Guatemalan research centres and experts likewise contributed to the discussion of the various issues at hand, the results of which are summarized in this report.

2. Executive summary

Five years after the Millennium Summit, progress has been made towards the implementation of the development goals and targets in accordance with the terms of the peace agreements. Analysis of the MDG indicators shows that the country has made some progress towards achieving those indicators in recent years. Highlights include the reduction of malnutrition, better education, the reduction of infant and maternal mortality (the latter by more than 50 per cent from the baseline year), increased equality between the sexes in primary, secondary and higher education, better protection of the environment and improved access to water and sanitation services. That positive trend shows that the efforts made have been a step in the right direction.

The rate of progress has not been uniform or equal for all groups. Although the indicators for monitoring the achievement of the Millennium Development Goals reveal a positive trend, progress has been uneven from the baseline year to the most recent indicators available. For example, more progress has been made in reducing infant and maternal mortality (reductions of nearly 50 per cent) than in achieving universal primary education. Furthermore, analysis of indicators disaggregated by sex, ethnocultural origin, region and district shows that women, indigenous populations and rural populations lag furthest behind their fellow citizens and below the national averages. Certain regions of the country (for example the north-west) are likewise well below the national average.

Existing plans, policies and programmes are increasingly better focused on achievement of the Millennium Development Goals. Recent major efforts include the social and economic renewal plan known as "Vamos Guatemala" (Let's go Guatemala!) which is a comprehensive effort to promote economic growth, increase competitiveness, expand and improve social investment and reduce poverty. It should also be pointed out that public policies are increasingly aimed at promoting gender equality and respect for the country's cultural diversity. Furthermore, and in keeping with the spirit of the peace agreements, public spending has increased more in MDG-related sectors (in particular, health, education and housing). For example, spending on education increased by 47 per cent between 2000 and 2004.

The country is on the right track for achieving the Millennium Development Goals, but must pick up the pace. The Millennium Declaration provides a focus for national efforts to improve the well-being of Guatemalan society. Analysis shows that while the efforts made have been a step in the right direction, they have been inadequate for the successful completion of the mission set out in the Millennium Declaration. The economic and political conditions needed to achieve the Millennium Development Goals must therefore be improved. This means, basically: strengthening the determinants of economic growth so that a growth rate of at least 4 per cent can be sustained during the period from 2006 to 2015; increasing the rate of tax collection beyond the level of the past five years (and even higher than the 12 per cent suggested in the peace agreements); increasing and improving social spending, which also means investing in such sectors as electrification, water and sanitation, preventive health care (especially maternal health care), food and study bursaries, and school and health infrastructure. Greater efforts must be made and special attention paid to the needs of the most disadvantaged groups, taking into account the country's multicultural reality. Failure to meet these challenges will limit the impact and sustainability of any measures adopted. However, overcoming

these challenges also requires the active support of civil society and the suppo t and unconditional backing of international cooperation partners. The path forward set out in the Millennium Declaration is clear and efforts to date have had positive results. The pace of change, however, must be accelerated.

3. Development context

Background information

According to the most recent population census (in 2002), the country's total population in 2005 was 12,700,612, comprised of 6,210,557 males and 6,490,055 females. Most of the population is young (approximately 65 per cent of the population is under the age of 25) and rural (more than 60 per cent). Despite its relatively small size (108,889 square kilometres), Guatemala is ranked 22nd among the 25 countries with the greatest biodiversity in the world.

Guatemala also enjoys great ethnic and cultural diversity. It has the second highest indigenous population in Latin America (over 40 per cent), made up mostly of 22 ethnic groups of Mayan origin and, to a lesser extent, of Xinca and Garífuna populations. Despite this cultural richness, Guatemalan society as a whole must overcome the barriers to greater appreciation of and respect for the cultural diversity that characterizes it.

The country is a republic with a democratic presidential and unicameral system of government. Since the establishment of democracy in 1986, five general elections have been held with no major interruptions. Ten years after the signing of the peace agreements and notwithstanding the progress made, obstacles still remain to the achievement of progress towards increased political participation and representation, strengthening of the rule of law and better governance. Unlike other Latin American countries, there are no specific mechanisms for increasing the levels of participation and political representation by women and indigenous peoples.

Economic and social situation

A review of the country's main socio-economic indicators shows that greater efforts are needed to achieve higher levels of economic and social development. The country is ranked 121 out of 177 countries in terms of human development and is in the medium development bracket. That level of development, however, may be attributed to a range of both structural and short-term factors. These include a low rate of economic growth over the past 10 years (2.4 per cent on average), largely due to a sharp drop in direct investment; marked and persistent inequality; heavy reliance of the economy on agriculture; and the low level of social security coverage, among other factors. The situation is markedly worse among rural populations, women and the indigenous population.

The country is also grappling with major challenges in the sectors of health (especially preventive care and maternal health), education (need to increase promotion rates in primary education and to ensure greater access to secondary and higher education), and such basic services as electricity, water and sanitation (in particular, closing the tremendous gap in rural areas), among other challenges. These challenges are even greater if one takes into account the need for public

policies to be geared towards improving equality between men and women and to reflect the country's multicultural reality.

Although progress has been slower than required, over the past 10 years the country has succeeded in increasing its tax base and social spending on the implementation of the peace agreements. The tax base thus increased from approximately 8 per cent of GDP in 1995 to more than 10 per cent in 2002. However, no real significant increase has occurred since that date and that level is one of the lowest in Latin America. On the other hand, there have been significant increases in social spending over the past 10 years (particularly on education, health and housing). During the period from 1995 to 2004, social spending rose from 3.2 per cent to approximately 5 per cent of GDP. On the other hand, military spending has been reduced by more than half (from 1 per cent to 0.42 per cent during the same period). These levels are still low, however, compared with the other countries of Central America (10 per cent) and Latin America (14 per cent).

4. Poverty and hunger in Guatemala (MDG 1)

Target 1. Halve the proportion of people living in extreme poverty

Indicators	*Base year 1989*[a]	*2000*[b]	*2002*[b]	*2004*[c]	*Target*
Proportion of people whose income is less than one dollar a day, PPP 1993	20.0	16.0	20.0	21.5	10
Incidence of poverty (%)	8.9	6.3	n/a	12.0	
Acute poverty (%)	5.5	3.8	n/a	8.9	

[a] UNGUAT (2002).

[b] UNDP-HDI estimates based on National Employment and Income Survey (ENEI), May-June 2002.

[c] Social Research and Study Association (ASIES) and UNDP-HDI estimates (2005), based on ENEI October-November 2004 survey.

Action taken to achieve target

The reduction of extreme poverty is a priority for the current Government, whose approach to the problem has been to launch the social and economic renewal programme, Vamos Guatemala. Pursuant to the peace agreements, the current Government's social and economic priorities are set out in the programme, which has four strategic components: Guate Crece (A growing Guatemala), which seeks to promote economic growth through investments and public-private partnerships; Guate Compite (A competitive Guatemala), aimed at enhancing productivity by improving the production base and promoting technological change; Guate Verde (A green Guatemala), which seeks to create a favourable climate for environmentally responsible investment, to promote the competitiveness of environmentally friendly goods and services, and to develop a democratic environmental culture; and lastly, Guate Solidaria (A united Guatemala), which seeks to promote social harmony through wealth creation, thereby giving Guatemalan households access to human development opportunities that will offer them a chance for a better future.

The Rural Poverty Reduction Strategy (Guate Solidaria Rural), which is part of the Guate Solidaria component, is the principal mechanism for combating poverty. The main elements of the Strategy, which was implemented in 41 municipalities identified as priorities, are its focus on rural areas, its encouragement of social involvement, and the management and distribution of available public resources. Its activities are directed towards training in basic skills (education, health and nutrition), expanding opportunities and increasing market access (creating better and new jobs, improving production and farming methods, for example), and upgrading the physical environment (infrastructure, housing, water and sanitation), the aim being to structurally overcome extreme poverty. The plan is to extend this programme to the remaining municipalities in the country over the next few years.

Progress achieved

Poverty is a multidimensional phenomenon and here Guatemala, following the guidelines contained in the peace agreements, has made major advances, as evidenced by its progress towards achieving the targets set out in the Millennium Declaration relating to educational coverage, reduction of malnutrition and improvements in public health. Indeed, the Economic Commission for Latin America and the Caribbean (ECLAC) (2005b report, p. 39) points out that according to data from 2002 "only Guatemala, Panama (urban areas) and Uruguay (urban areas) have managed to achieve sizeable reductions in their levels of inequality since 1990".

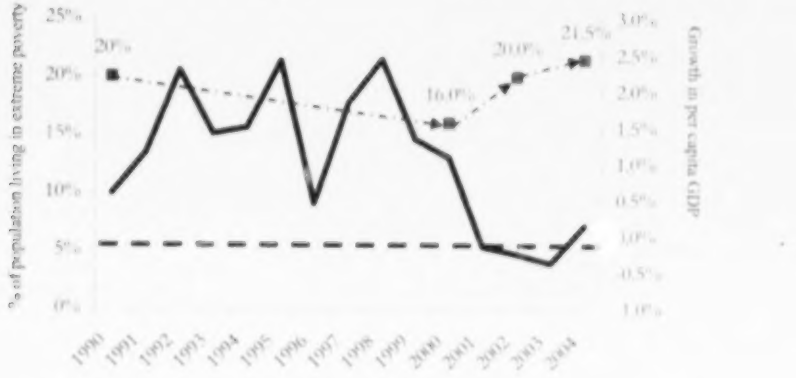
Some factors, like the decline in per capita GNP during the triennium 2001-2003,[1] and the unfavourable external environment resulting from reduced foreign demand for exports and the falling international prices for certain crops, especially coffee and sugar, have limited progress towards the achievement of a sustained reduction of poverty in its monetary dimension.

The most recent estimates[2] for 2004 indicate that the incidence of acute poverty rose to 21.5 per cent, while the overall incidence of poverty was 12 per cent. The acute poverty indicator, which takes into consideration not only the gap between the poor and the poverty threshold but also the inequality among those living below the poverty line, was 8.9 per cent in 2004.

According to the latest available data, the incidence of acute poverty is highest among the rural population (32 per cent), while acute poverty in urban areas was 9 per cent in 2004. Poverty is also more concentrated in the indigenous population (29 per cent) compared to the non-indigenous population (15 per cent). In 2004, the incidence of poverty was higher among male-headed households (23 per cent) than in households headed by women (13 per cent), a pattern similar to the one observed in 2000.[3]

The importance of the link between economic growth and the reduction of acute poverty must be emphasized (see figure below). Thus, the economic recovery that began in 2004 with a rise in per capita GNP, together with the more vigorous efforts of the current Government to improve the capabilities of Guatemalans and the opportunities available to them, will be major factors in reversing the trend.

Figure 1
Evolution of per capita GDP and acute poverty (1990-2004)



Source: Own figures based on data from the Bank of Guatemala, UNDP-HDI and ASIES

The design of the household surveys has been improved in recent years, thanks to the international cooperation from which INE has benefited under MECOVI.

One of the chief difficulties in measuring poverty stems from the fact that over the last 15 years no two surveys have been alike to allow for a true comparison between one or more related indicators. Even when similarities between the surveys allow for some comparison, the differences between them[4] have made it impossible to arrive at comparisons that are fully valid. During this period, ENCOVI 2000 has been the only survey designed to assess the situation of poverty in the country, and is therefore the source of the most recent official estimates of acute and general poverty,[5] with no other similar sources being available. Another limitation is the discrepancy between the survey samples used, which, in addition to preventing any useful breakdown of data to be made, can make it difficult to measure the results correctly.

Finally, the surveys shed little light on poverty at disaggregated levels, especially broken down by gender.[6]

Challenges and likelihood of achieving target

It should be possible to reach this target, but that would require improving the investment climate and promoting exports to push economic growth up to 5.4 per cent, the growth rate the country had achieved during the 1960s and 1970s. However, if economic growth occurs in conjunction with a lessening of inequality at the rates indicated in the following table, it is even more likely that the target would be reached.

Table 1
Economic growth and inequality scenarios for the achievement of target 1

Economic growth	3%	4%	5%
Reduction of inequality	5.3%	2.9%	0.8%

Source: CIUP (2005).

Target 2. Halve the proportion of people who suffer from hunger

Indicators	*Base year 1987*	*1995*	*1998-99*	*2002*	*Target*
Percentage of underweight children under 5 years of age	34%	27%	24%	23%	17%

Source: ENSMI 1987, 1995, 1998-99 and 2002.

Action taken to achieve target

Food and nutritional security (SAN) has been a priority of this Government, whose main achievement to date has been the creation of a lead agency, the Presidential Secretariat for Food and Nutritional Security (SESAN), under the legislation establishing the National Food and Nutrition Security System (SINASAN). In addition, the Government has developed a consensus policy on food and nutritional security, the objectives of which are: (a) to break the intergenerational circle of chronic malnutrition in the country; (b) to expand the availability of basic foodstuffs; (c) to improve the organic value of foods; and (d) to assess and monitor the food and nutrition security situation in the country.

The Growing Up Healthy campaign run by the Secretariat for Social Work of the First Lady of the Republic (SOSEP) stands out because of its emphasis on children from birth to five years of age and on women of reproductive age. The campaign is proving to be an innovative model of self-reliance that empowers women by training them appropriately to form good eating habits and to monitor what their children eat, to become agents of change and a social force which, given the proper knowledge, can help to improve the health of their children and their entire family.

Other Government initiatives in this area are the Social Welfare Secretariat's comprehensive child and adolescent welfare policy; the Ministry of Public Health's basic health guidelines and policies for 2004-2008; and the agriculture and sectoral policy of the Ministry of Agriculture for 2004-2008.

Progress achieved

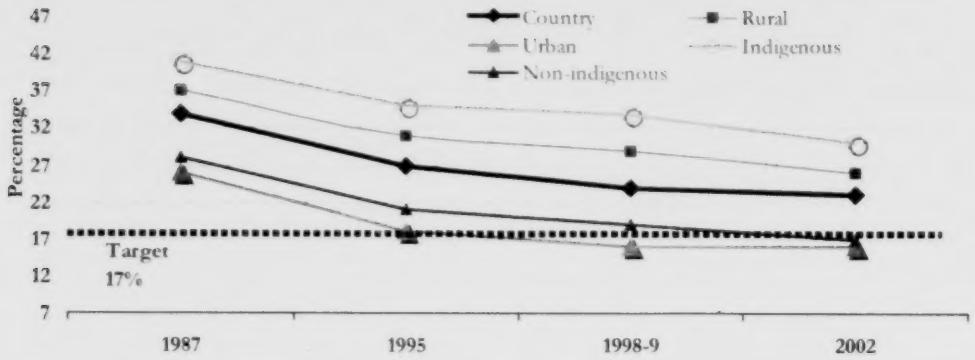
The latest available data, from 2002, indicate that the country has done well in reducing global malnutrition (in underweight children under five years of age), although the pace of the reduction declined significantly after 1995.

The pattern of inequality with respect to global malnutrition resembles that of acute poverty, with malnutrition being more severe among the indigenous population and in rural areas. By contrast, the most recent results indicate that only

urban areas have achieved the target at the national level, although the non-indigenous population is reportedly close to achieving it also.

Global malnutrition is more prevalent in some regions of Guatemala, such as the north-west of the country, where 31 per cent of children under five are underweight, whereas in the metropolitan area, the figure is 15 per cent. In addition, the gender-disaggregated statistics show that global malnutrition is slightly higher in girls (22.9 per cent) than in boys (22.5 per cent). The mother's educational level is another very important factor in reducing the rate of global malnutrition with the incidence being 30 per cent for the children of mothers with no education and approximately 9 per cent for the children of mothers with a high school education.

Figure 2
Global malnutrition indicators by type of household (1989-2004)



Source: ENSMI.

Other indicators like chronic malnutrition, or the percentage of children under five years of age below normal height, highlight the precarious conditions in which many Guatemalan children live. During the period from 1987 to 2002, the rate of chronic malnutrition declined from 58 per cent to 49 per cent. However, the progress was concentrated in the non-indigenous population, among whom the rate declined from 48 per cent in 1987 to 36 per cent in 2002. During the same period, among the indigenous population, the decline was merely from 71 per cent to 70 per cent.

Table 2
Global malnutrition by region (%)

	1987	*1995*	*1998-99*	*2002*
Metropolitan	22.4	18.3	18.9	15.1
North	25.2	24.9	19.4	23.7
North-east	27.0	23.1	29.1	17.7
South-east	29.4	26.4	21.4	26.0
Central	39.3	27.0	21.7	21.7
South-west	39.5	32.9	29.4	28.5
North-west	46.0	34.9	33.4	31.5

Source: ENSMI, 1987, 1995, 1998-1999 and 2002.

Conditions for monitoring and follow-up of target

As indicated at the beginning of this report, the National Maternal and Child Health Survey (ENSMI), while irregular, have nevertheless been invaluable for monitoring malnutrition. There is no interinstitutional coordination of information relating to target 2 that would allow the situation in the country to be monitored year by year, especially with regard to calculation of the indicators for the Millennium Development Goals.

Challenges and likelihood of achieving target

Based on recent trends and if conditions remain as they were when the indicator was last measured, in 2002, it is unlikely that the target can be reached. However, according to projections that include new social policies, it is possible to come close to the target of reducing malnutrition nationwide (between 18 and 20 per cent), although this national average provides no assurance that the rate will not remain high among indigenous and rural children. In order to achieve the target, new social policies will therefore be needed, such as those aimed at the most disadvantaged groups (rural and indigenous), and at nutrition programmes for children from birth to three years of age. No less important are those programmes that contribute to the achievement of this and other targets, such as those that expand access to drinking water and education.

5. Achieving universal primary education (MDG 2)

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

	Base year		*Latest official data*			
Indicators	*1989*	*1994*	*2000*	*2002*	*2004*	*Target*
Net primary enrolment rate[a]		71.1	85.4		92.3	100
Proportion of students starting first grade and completing sixth grade[a]		43.7	53.2		65.1	100
Literacy rate among 15-24 age group[b]	74.8		n.a.	82.2		100

[a] Figures based on updated statistics of the Ministry of Education (MINEDUC) and the 2000 census.
[b] Figures based on ENS89 and the 2002 census.

Action taken to achieve target

Increased resources allocated to education. In 1991, just over 16 per cent of the total budget was allocated to the education sector. In 2004, this figure rose to more than 19 per cent. Between 1998 and 2004, the resources allocated to the Ministry of Education as a proportion of GDP rose from 1.4 to 1.7 per cent.

National Strategy for Education Reform. This is a result- and goal-oriented strategy which focuses on four main areas: (1) quality of education; (2) teacher training; (3) a new management model; and (4) improving the school infrastructure.

Ensuring that all students complete first grade. Because of the high dropout and repeat rates, the Ministry of Education is focusing its efforts on ensuring that students complete first grade (nearly one third of students drop out in first grade). The 2004-2007 Education Plan therefore aims to achieve a net enrolment rate of 75 per cent at the pre-primary and 100 per cent at the primary school level.

Strengthened and improved mechanisms for stimulating demand for education. In recent years more scholarships (monetary stipends), education grants and school feeding programmes have been introduced with a view to improving children's access to the education system and their performance in school. In 2004, for example, 1.4 million students benefited from school feeding programmes. In 2005, the aim is to increase this figure to over 2 million. A total of 1,530,000 pupils at the pre-primary and primary school levels received scholarships in 2004.

Strengthening of intercultural bilingual education. In 2005 increased resources were allocated to the Department of Intercultural Bilingual Education, especially to bilingual schools in departments with majority indigenous populations (Alta Verapaz, Quiché, Huehuetenango and Sololá). A total of 353,721 students benefited from this initiative in 2004. For 2006, the intention is to hire more bilingual teachers.

It should be noted that civil society has been gradually expanding its role in the country's education system and its efforts to improve the system through a range of institutions (cooperatives, community organizations, national foundations and NGOs).

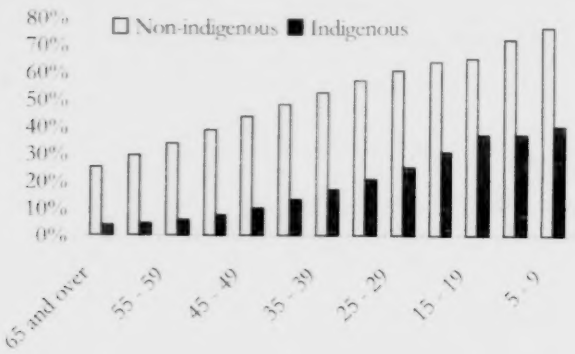
Progress achieved

The follow-up indicators to target 3 indicate progress for the period 1990-2004. The most significant progress was achieved in access to primary education, as measured by the net enrolment rate, which rose from 71.1 per cent in 1994 to 92.3 per cent in 2004. However, completion rates indicate that although some progress has been achieved, it has not been enough to ensure that students complete their primary schooling. The completion rate for primary schools rose from 43.7 per cent in 1994 to 65.1 per cent in 2004. Although this represents a notable improvement, it is still not sufficient because it means that a significant proportion of students (35 per cent) are not completing primary schooling.

Literacy in the 15-24 age group has increased, but progress has been uneven. The literacy rate rose from 74.8 per cent to 82.2 per cent between 1989 and 2002. However, progress has been slow among women (78.4 per cent in 2002, compared with 86.4 per cent for men), among indigenous people (71.5 per cent, compared with 89.5 per cent for non-indigenous people), and among the rural population (73.9 per cent). The departments of Quiché and Alta Verapaz have the country's lowest literacy rates with the situation being especially acute among rural women (49.2 and 50.7 per cent for the two departments, respectively).

Primary school completion rates are lower among indigenous populations than among non-indigenous populations. Another indicator that has been proposed for monitoring progress towards the achievement of this target is the so-called level of educational attainment, which is the proportion of people within a given segment of the population who have attained a level of education equivalent to a primary education (between six and seven years, depending on the country). In the case of Guatemala, the number of indigenous people in all age groups completing primary education is lower than the number of indigenous people, even though this traditional gap is gradually narrowing, reflecting a positive but slow trend. Figure 3 below illustrates these differences.

Figure 3
Educational attainment by ethnocultural origin



Source: Based on data from X National Population Census, 2002.

Conditions for monitoring and follow-up of target

The basic sources for follow-up to target 3 are the administrative records of the Ministry of Education and data compiled by the National Statistical Institute. Data compiled by the data unit of the Ministry of Education may be used to calculate graduation rates through cohort reconstruction. The usefulness of the Ministry's records is limited, however, because while the data are disaggregated by gender, they are not by ethnocultural origin. Another problem with the Ministry's data is that the enrolment rates are based on population projections that vary from one census to another and are not corrected with each new census. Moreover, although the most reliable source for calculating literacy rates are population censuses, the main limitation of this source is that census years are almost 10 years apart.

Challenges and likelihood of achieving target

Despite the progress achieved, a number of challenges remain, such as increasing literacy, broadening coverage, reducing dropout and repeat rates (in 2003, 60 per cent of students completed primary education), and improving the quality and relevance of education (only 19 per cent of Maya-speaking students are taught in their mother tongue). In particular, more investment is needed to increase the quantity and quality of school meals, education grants and scholarships, and to provide more and better classrooms to schools in urban and rural regions. It should be noted that in all these respects the rural population, girls and indigenous peoples deserve special attention and greater efforts because their situation is particularly acute. If the above indicators are not significantly improved, Guatemala will not achieve this target by the year 2015.

6. Promoting gender equality (MDG 3)

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015

	Base year				*Latest official data*				
Indicators	*1989*	*1990*	*1994*	*2000*	*2000*	*2002*	*2003*	*2004*	*Target 2015*
Ratio of girls to boys in primary education[1]			0.89					0.95	1.0
Ratio of girls to boys in secondary education (basic cycle)[2]			0.92				0.92		1.0
Ratio of females to males in secondary education (specialized cycle)[2]			1.01				1.08		1.0
Ratio of females to males in higher education[3]				0.69				0.86	1.0
Ratio of literacy rates for females and males aged 15-24[4]	0.82					0.91			1.0
Proportion of women among paid employees in non-agricultural sector[5]	35%				37%				
Proportion of posts occupied by women in the National Parliament[6]		7%					9%		

Source: Ministry of Education, 2002 Census, ENS89, ENCOVI2000, USAC and TSE.

Action taken to achieve target

Guatemala continues to implement its national policy for women, and though the Presidential Secretariat for Women (SEPREM), the Office for the Defence of Indigenous Women's Rights (DEMI), the Women's Forum and other Government agencies, a range of programmes and projects are being implemented to support the advancement and promotion of comprehensive development for women.

It should be noted that efforts focusing specifically on the education of girls have continued. In 1996, the first Education Plan for Girls was introduced. In 1998, the Government introduced the second Plan, entitled Strategic Education Plan for Girls (1998-2002). More recently, the Education Plan and Policy for Girls (2003-2007) was introduced.

The most notable results of this process are: (a) the institutionalization of the Programme on the Girl Child in the Ministry of Education; (b) the establishment and maintenance of coordination and cooperation in a strategic partnership between the private sector, the public sector and international cooperation agencies; and (c) the institutionalization of the "Let's Educate the Girl Child" Commission, which brings together a number of different sectors and provides a forum for formulating initiatives on behalf of minors An important element of this process is the programme of scholarships for rural girls, which was established in 1993 and continues to be run by the Ministry of Education. The programme's goal is to improve the retention and graduation rates of girls in rural areas through a financial scholarship of 30,000 quetzales per year and per beneficiary. In 2004, 32,030 scholarships were awarded.

Conditions for monitoring and follow-up of target

Considerable progress has been made in the monitoring of MDG 3 and this is reflected in the fact that both national surveys (ENS89, ENCOVI2000, ENSMI, National Survey of Jobs and Incomes (ENEI)) and the administrative records of the relevant institutions now disaggregate their data by gender. However, because not all sources (especially administrative sources) disaggregate data by ethnocultural origin, it is not possible to compare gender and ethnicity variables for the purposes of analysis and monitoring. It is therefore not possible to obtain a clearer picture of the situation of Guatemala's indigenous women. Moreover, specific questions should be included in surveys in order to gain a clearer understanding of the gender dimension. For example, there should be specific questions aimed at establishing the relationship between gender and poverty, gender and the environment, gender and the labour market, and so forth.

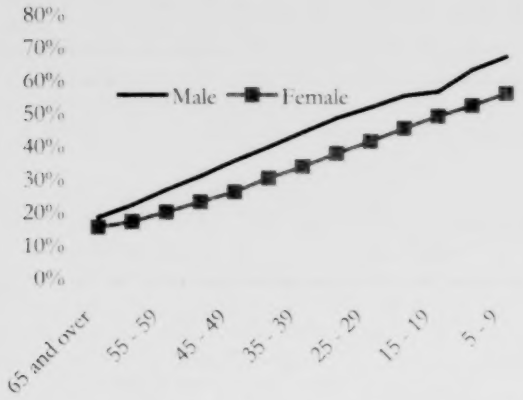
Progress achieved

Guatemala is gradually closing the gap between girls' and boys' access to primary education. In 1994 the net enrolment rate for boys was 75 per cent, compared with 67.1 per cent for girls. In 2004 the rates were 94.6 and 90 per cent, respectively. Guatemala is therefore close to achieving gender parity in access to primary education (parity rate of 0.95 in 2004).

More and more girls are completing primary school. Although historically girls have enjoyed less access than boys to education, the percentage of girls completing their primary education continues to rise, although it is still lower than

for boys. This is illustrated in the following figure, which shows trends in educational level, broken down by gender.

Figure 4
Educational level, by gender



Source: Tenth National Population Census (INES, 2002).

In secondary education, the enrolment rate for girls is slightly higher than the rate for boys, but access for both groups is very limited. In 1994, the net national enrolment rate in the basic cycle was 20.59 per cent (21.44 per cent for boys and 19.73 per cent for girls). By 2003, the figures for both groups had risen by almost 10 per cent , and the girl/boy parity rate was 0.92. In specialized education, the parity rate was inverted in favour of girls. From 1994 to 2003, the girl/boy parity rate was greater than 1.0, with net enrolment for girls being slightly higher than for boys in 2003 (with the difference rising from 17.53 to 18.89 per cent). However, these figures are very low compared with primary school enrolment rates, particularly in the north and north-west (regions with predominantly indigenous populations) where enrolment in the basic and specialized cycles is below 15 per cent and 10 per cent, respectively.

More women are enrolling in universities and female students outnumber males in deparatments outside the capital. According to data provided by the University of San Carlos, the number of women students rose steadily between 2000 and 2005, with the female/male enrolment ratio rising from 0.69 to 0.86 per cent over the period. Although men outnumber women in the capital city, the female enrolment rate is higher than the rate for males in the rest of the country, where the ratio rose from 0.81 in 2000 to 1.03 in 2005.

Limited progress has been made in the non-agricultural labour market and in political life. Even though more and more women are completing primary education and achieving parity with men in higher education, this has not translated into more and better jobs or into increased participation and representation in political life. The proportion of women employed in the non-agricultural sector rose from 35 per cent in 1989 to 37 per cent in 2000. However, the proportion of women elected to the Congress of the Republic has never exceeded 10 per cent, with the exception of

the 1995 elections, when 15 women and 68 men were elected. At the local level, the proportion is much lower still, since in the country's 330 mayoralties, only four female mayors were elected in 1995 and eight in 2003.

Challenges and likelihood of achieving target

In order to ensure that girls achieve parity with boys in access to primary education by 2015, it will be necessary to raise the graduation rate for girls by at least 5.5 per cent and to reduce the repeat and dropout rates for girls by 2.75 per cent, on a permanent basis, during the period 2005-2015. The amount of money necessary to achieve the target would require public spending on primary education of nearly 1.63 per cent of GDP in the year 2015. In other words, approximately US$ 495 million annually in 2004 dollars during the period 2005-2015.[7]

7. Reduce child mortality (MDG 4)

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators	*Base year 1987*	*1995*	*1998/1999*	*Last official data 2002*	*Target 2015*
Child mortality (children under five)	104	65	56	53	23
Child mortality (children under one)	73	50	45	38	17

Source: ENSMI 2002, 1998/1999, 1995, 2002. Rates per 1,000 live births.

Action taken to achieve target

Comprehensive actions by the Ministry of Health

The principal actions taken to achieve this target have been those by the Ministry of Public Health under the National Reproductive Health Programme and the Vaccination Programme. These include the establishment of maternal-child health centres, the introduction of the quintuple vaccine, new strategies to extend vaccination coverage, preparation of a manual for dealing with obstetric emergencies, and strengthening of the programme to extend coverage in areas with the most severe problems. Coordination is also taking place at various levels with other governmental and non-governmental organizations. In addition, the policies being promoted by the current Government in the area of nutritional and food security are related to the target.

Progress achieved

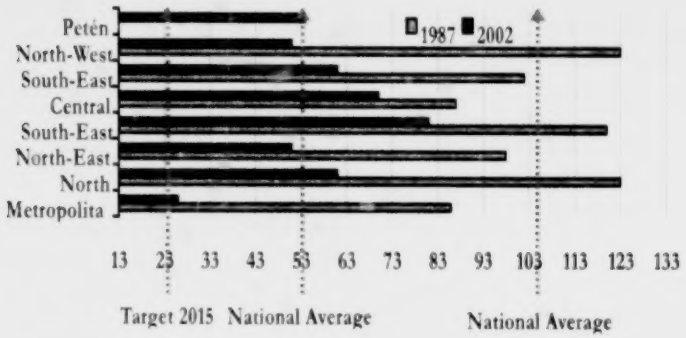
Fifty per cent reduction in child mortality. Nearly all the indicators of child mortality have decreased by approximately 50 per cent from their 1987 level. The most significant decline occurred during the period from 1987 to 1995, after which the rate has tended to stabilize.

At the regional level, significant reductions have been noted in regions such as the Metropolitan area (70 per cent), the north-west (approximately 60 per cent) and the north of the country (50 per cent). However, in other regions child mortality

remains high, with 81 deaths of children under five for every 1,000 live births, where mortality was reduced by only 20 per cent (see figure below). These positive results are attributable partly to the work done under the Child Survival project of the Ministry of Public Health and Social Welfare (MSPAS) and partly to the institutional implementation of health-care programmes.

Child mortality has been reduced by almost half. The rate has declined since the base year from 73 to 38 per 1,000 live births. In terms of the geographical location of place of residence, the decline has been most marked in urban areas, where the current rate is 55 per cent less than that of 1987. There has also been a reduction in rural areas, but to a lesser degree.

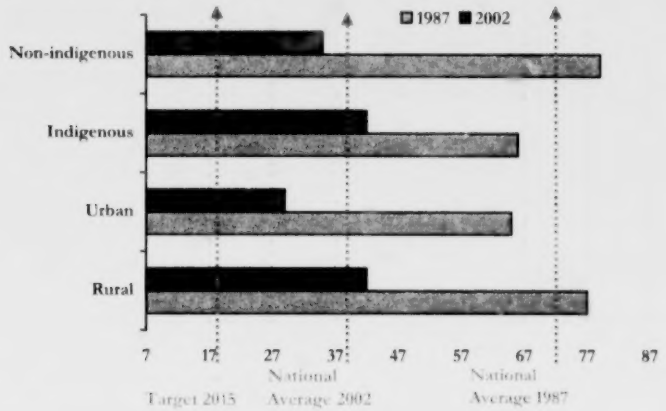
Figure 5
Evolution of child mortality (1987-2002)
(Rates per 1,000 live births)



Source: ENSMI 1987 and 2002.

Based on the ethnic group, there has been a reduction of 55 per cent in the non-indigenous population and 36 per cent in the indigenous population. Based on the mother's level of education, the greatest reductions in child mortality were recorded among women with access to secondary education, where the decline was 67 per cent, while for women with no education the reduction was only 26 per cent, over the same period. In terms of regions, the incidence of child mortality is highest in the south-east and central regions, where the mortality rates are 67 and 60 deaths, respectively, for every 1,000 live births, while in the metropolitan region (the region with the lowest levels), the reported level is 16.

Figure 6
Evolution of child mortality (1987-2002)
(Rates per thousand live births)



Source: ENSMI 1987 and 2002.

Conditions for monitoring and follow-up of target

The National Maternal and Child Health Survey (ENSMI), which is conducted periodically, identifies the necessary indicators in an acceptable manner. The Ministry of Public Health and Social Welfare (MSPAS) administers the Health Management Information System (SIGSA) which includes, among other data, child mortality rates that can even be broken down by municipality. Still pending is the strengthening of coordination between MSPAS-SIGSA and INE, given that there are three official sources for birth and death registrations (municipal records, INE and SIGSA), with different levels of coverage and varying degrees of omission. The challenge now is to establish a single procedure for certifying births and deaths, and to regulate the channels for registration.

Challenges and likelihood of achieving target

Achievement of the target depends on the sustainability of current efforts and on the launching of possible new initiatives. If a dynamic approach is adopted, in other words, if policies are adopted and expanded, such as providing the services of qualified birth attendants and promoting breastfeeding exclusively, the target can be achieved. In addition to the efforts of the MSPAS, coordination is required with such sectors as: education, municipalities and the social funds, which should also prioritize projects for the improvement of water and sanitation infrastructure.

8. Improve maternal health (MDG 5)

Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators	*Base year 1989*	*Latest official data 2000*	*2005*	*Target 2015*
Maternal mortality rate	248	153	121*	62
Deliveries attended by medical personnel	29%	41%	n/a	n/a

Source: MSPAS baseline study and Medina 1989.

* Preliminary projection based on baseline estimates and projections and the Medina study.

Action taken to achieve target

The MSPAS workplan establishes the reduction of maternal mortality as a priority. Responsibility for achieving this was delegated to the National Reproductive Health Programme which, as an initial step, has updated the plan to reduce this scourge.[8] The institutional framework for this plan is set out in the Framework Document for the National Reproductive Health Programme (PNSR), the strategic guidelines for the reduction of maternal mortality, the reproductive health guidelines and norms, and the obstetric emergencies manual.[9]

The National Post-abortion Care Programme is aimed directly at reducing maternal mortality. It has been in operation since 2004 in 22 of the country's hospitals, where a total of 13,928 women with incomplete abortions have been attended. The basic purpose of the Programme is to "decrease maternal morbidity and mortality due to abortions performed under unsafe conditions".

MSPAS has also taken action to reduce maternal mortality, such as the establishment of cantonal maternity clinics and maternal and child comprehensive health-care centres, and the strengthening of the programme to extend coverage in areas identified as critical. A clinic for adolescents has been functioning in the San Juan de Dios Hospital in Guatemala City for the past five years. It specializes in sexual and reproductive health and the demand for its services has more than doubled. Attempts are being made to implement this model in other departmental hospitals.

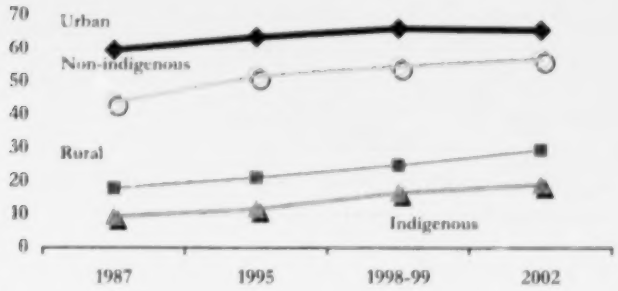
Progress achieved

Maternal mortality declined from 248 in 1989 for every 100,000 live births to 153 in 2000, and to 121 (according to preliminary estimates) in 2005. Despite this rate of decline, this target is still far from the Millennium Goal for 2015, which is 62 for every 100,000 live births. Current levels must be reduced by 64 per cent in order to achieve this.

An important finding is that there is a close relationship between a woman's level of education and the number of maternal mortalities: 66 per cent of deaths occur in women without any formal schooling. Also, looked at from the standpoint of the person who attended the delivery, 42.9 per cent of the women who died were attended by a birth attendant (midwife), while only one third of maternal mortalities occurred in deliveries attended by a doctor. Lastly, it has been determined that the principal cause of maternal mortalities were haemorrhages, followed by infections.

Another challenge for the public health system is to move beyond non-inclusive models, which fail to provide adequate services to rural and indigenous populations, as shown in the following figure:

Figure 7
Deliveries attended by a doctor or a nurse (1987-2002)
(Percentage)



Source: ENSMI.

Conditions for monitoring and follow-up of target

One of the difficulties in obtaining information on maternal and child mortality lies in the fact that the National Maternal and Child Health Survey (ENSMI),[10] which is conducted periodically, does not reflect the indicators of maternal mortality satisfactorily. For its part, the Health Management Information System (SIGSA) significantly under-records maternal mortality. Another constraint is the fact that, even though there is a single form for certifying the information, there are at least two other registration forms with the same content but arranged differently. In addition, there is no control on registration channels and this leads to several very different figures for coverage. All of these problems are challenges that the information system must overcome.

Challenges and likelihood of achieving target

Reduction in maternal mortality is dependent on a woman's access to education, her nutritional status and, in general, on improvements in her quality of life. It is therefore unlikely that the target will be achieved, since this lies beyond the power of the health sector alone. Other relevant sectors must be involved, since access to water and latrines is of vital importance as is attendance at deliveries by a doctor.

9. Combat HIV/AIDS, malaria and other diseases (MDG 6)

Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators	*Base year 1990*	*1995*	*Latest official data 1997-2002*	*Target 2015*
Prevalence of HIV in adults aged 15 to 49	0.05%		0.85%	—
Contraceptive prevalence rate		4.5%	57%	

Source: HIV/AIDS notification system National AIDS Programme (PNS). Guatemala, 2005.

Action taken to achieve target

The formulation and adoption of the National Strategic Plan (PEN) in 1999 was one of the most important initiatives in the national response to the HIV/AIDS epidemic in the country, because it prioritized the strategic objectives in combating the epidemic and participants assumed shared responsibilities for its implementation. The new 2005-2008 PEN is currently in the final phase of formulation and reiterates many of the strategic objectives previously mentioned. It also includes or modifies actions that basically seek to ensure better coordination of the existing plans, programmes and projects, the integration of actions, the synergy of the collective efforts of all sectors, and the efficient use of resources. The Ministry of Health supports PEN under the coordination of the National AIDS Programme and has obtained new resources for implementing priorities actions from the Global Fund and Government counterpart funds, in addition to other resources provided by international cooperation.

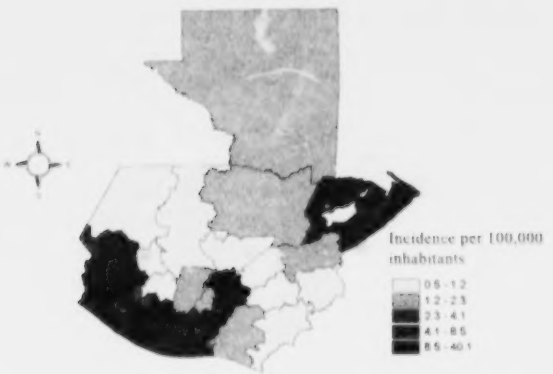
Two further developments that will make a significant contribution to implementing the actions proposed in the new strategic plan for the next four years are the establishment of a legal framework for combating HIV/AIDS in Guatemala, which includes legislation that is in force, but which, as mentioned before, is still inadequate, and the recent adoption of a State AIDS policy, launched in 2004, whose principles are identified and described in the National Strategic Plan.

Progress achieved

As at December 2004, a total of 8,606 cases of HIV/AIDS had been reported, which is equal to an accumulated rate of 76 cases for every 100,000 inhabitants. However, the real number of cases is thought to be higher, because underreporting by an estimated 40 to 60 per cent is commonly acknowledged. Of the total number of cases reported, 86 per cent correspond to cases of AIDS, while only 14 per cent are of HIV cases.

In Guatemala, most reported cases of HIV/AIDS continue to be of individuals over 15 years of age (95 per cent), who are mostly between 20 and 34 years old (54.4 per cent). The proportion of men is greater than that of women, although the gap is decreasing. With regard to the means of HIV transmission among the cases reported, sexual transmission continues to be the most frequent category (95 per cent), followed by mother to child transmission (4 per cent). An analysis by geographical location shows that the reported cases of HIV/AIDS are concentrated principally in the departments of Guatemala, Escuintla, Izabal, Quetzaltenango, Suchitepéquez and Retalhuleu (see figure below).

Figure 8
Accumulated incidence of reported cases of HIV/AIDS in Guatemala from 2000 to 2004



Source: HIV/AIDS reporting system. PNS. Guatemala, 2005.

Conditions for monitoring and follow-up of target

A separate technical operations system, known as the HIV/AIDS monitoring system, focuses on public health and comes under the Health Management Information System (SIGSA). It has also been assigned the task of developing, within the National Public Health Monitoring System, an early-warning component that could identify specific needs for intervention.

Information collection and quality need to be improved at both regional and national levels. Further issues to be addressed include problems of duplication and divergence in respect of information emanating from the National AIDS Programme and SIGSA and problems of information dissemination.

Challenges and likelihood of achieving target

It does not seem likely that the target of reducing the spread of HIV/AIDS will be achieved by 2015. The incidence of HIV in the adult population reveals a pattern of slow growth and looks set to level out from 2010. The percentage of condom use in most recent sexual relations within the general population shows rapid growth and in fact looks set to rise soon to 100 per cent, thanks to the policy of the Family Welfare Association (APROFAM) to ensure widespread availability of contraceptives. If the measures initiated through the National Antiretrovirals Programme continue, with assistance from the Global Fund, the percentages of beneficiaries will be maintained and will even gradually increase to 80 per cent in 2009 and 100 per cent in 2015.

If these targets are achieved, it will be possible to show how the number of cases of HIV survivors in the total population will increase from 2008, apparently because of the survival effect associated with antiretroviral therapies. HIV prevalence in the surviving population will thus tend to level out after 2010, if the coverage under the current national antiretrovirals programme is maintained. If,

however, an increase in coverage is achieved by 2010 and 2015, then there will be a more or less sustained increase in the survival rate.

9.1 Malaria and tuberculosis

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and tuberculosis

Action taken to achieve target

Malaria. The National Malaria Programme (PNM) is governed by the principles of the Global Strategy for Malaria Control, which aims first at ensuring access to timely diagnosis and treatment followed by the implementation of selective control measures, including antivectors. The application of selective vector (transmitter insects) control should be in line with the epidemiological stratification of the country into high-, moderate- and low-risk zones. On a smaller scale, promotional activities are starting to be carried out, although as yet there is no record available of the type of activities, of the populations that benefit or of the impact of such action.

This system is based on a Network of Voluntary Co-workers (CVs), whose coverage extends to the most remote and least-developed areas. These CVs are respected by the community and offer a basis for local response in terms of diagnosis and treatment. The challenge is to integrate them into the primary health care system, which is also in need of equipment for microscopic diagnosis.

Tuberculosis. Support from the Global Fund will have a positive impact on programme actions and on reducing the incidence and prevalence of the disease.

In the Global Fund project, one of the goals has been identified as "extending the DOTS strategy (Directly Observed Treatment Short-Course) from health-care units to community participation in the predominantly indigenous populations of Guatemala". An important aspect of the strategy and the goal is community involvement in the training and designation of local tuberculosis managers. The experience of these local managers has been used in Guatemala in agricultural, economic and cultural activities and the results have been highly satisfactory because they ensure participation, collaboration and coordination with non-governmental organizations. It is therefore important to promote this kind of community activity in the field of health care.

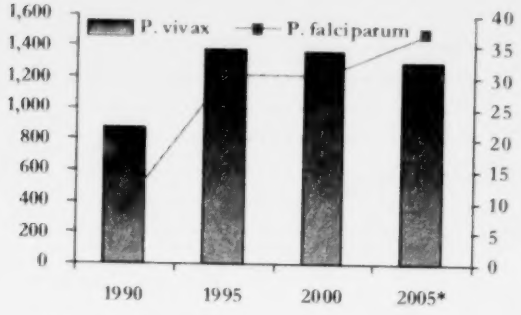
Current situation

Malaria. Malaria is a public health problem in Guatemala and is one of the 10 transmissible diseases with the highest rates of morbidity. In about 80 per cent of the territory it is considered to be an endemic disease that is actively transmitted in 19 of the 23 departments and is concentrated in areas with the highest proportion of rural and indigenous populations where more than 40 per cent of the country's inhabitants are at risk.

Of the cases reported in Guatemala, 95 per cent are caused by the type of malaria known as Plasmodium vivax and 5 per cent are due to Plasmodium falciparum. Although Plasmodium vivax does not cause severe illness, it has a high morbidity rate, which affects mainly young people and mature adults (42 per cent).

According to the Ministry of Public Health and Social Welfare (MSPAS), the main high-risk areas are alta Verapaz (34 per cent of total cases in the country); Ixcán (part of Quiché, with 13 per cent of total cases); south-west Petén, south-east Petén and north Petén (which account for 19, 11 and 3 per cent of the total, respectively).

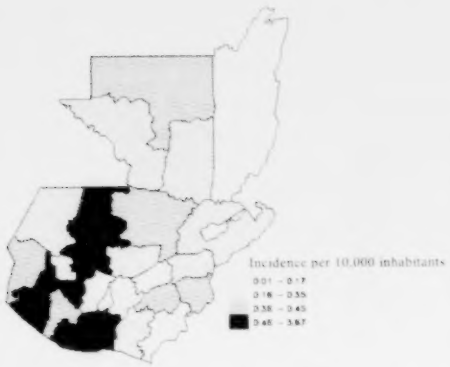
Figure 9
Prevalence of malaria (1990-2005)
(Cases per 100,000 inhabitants)



Source: CDC-Mertu.
* Projection.

Tuberculosis. Some 2,499 fresh cases of tuberculosis of every kind were reported in Guatemala in 2003, giving a ratio of 19:100,000 inhabitants, according to the National Tuberculosis Programme. It is noteworthy that over 60 per cent of cases of this disease nationwide are concentrated in seven health-care zones. Notwithstanding the limited information currently available, the number of positive cases has clearly increased since 2004 and, as the experience of other countries shows, this increase is linked to the growing number of HIV/AIDS cases. Another factor is that it is a recurrent disease which is also linked to situations of poverty.

Figure 10
Pulmonary tuberculosis
Incidence by health-care regions in epidemiological weeks 52-04
Republic of Guatemala, 2004



Source: SIGSA.

Conditions for monitoring and follow-up of target

Malaria. Despite limitations, the National Malaria Programme (PNM) has maintained an ongoing system for detecting and reporting cases since the beginning of the period of eradication (1960s) The malaria information system relies on two sources for detecting and reporting cases: CVs and health and hospital services. The information needed to assess range and impact indicators is available at the original sources. However, in consolidating the data and transferring them to higher levels, the information is aggregated in such a way that it is not possible to correlate and evaluate the impact of actions and processes.

One of the major challenges in seeking to pinpoint the real situation of tuberculosis is to have updated information, as the data from SIGSA do not tally with those from the national tuberculosis programme, and in some cases the departments obtain additional information which they send periodically to the programme or to SIGSA.

10. Ensure environmental sustainability (MDG 7)

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

	Baseline year		*Latest official data*			
Indicator	*1990*	*1991*	*2000*	*2004*	*2005*	*Target 2015*
Proportion of land area covered by forest[a]		34.0%		40.0%		n/a
Land area protected to maintain biological diversity[b]	24%				30.0%	n/a
Carbon dioxide emissions (tons per capita)[c]	0.47		0.68			n/a
Proportion of population that uses firewood (additional indicator)[d]	79.0%				61.0%	n/a

[a] UVG/INAB/MAGA/PAFG.
[b] CONAP.
[c] MARN.
[d] MEM.

Action taken to achieve target

Since the early 1990s, a series of legal and institutional reforms have been set in motion to improve environmental sustainability. In the past two years some significant policy instruments have been introduced, such as the Governmental Water Resource Policy (2004), the National Policy for Integral Solid Waste Management (2004), the National Environmental Education Policy (2004), the National Fire Management Policy (2005) and the Soil Conservation Policy (ongoing). In order to enhance and mainstream environmental management, efforts are being made to develop further the Guate Verde (Green Guatemala) programme, which is the environmental component of the current national agenda. Mention should also be made of the formulation of a gender equality policy in the environmental management sector, the establishment of a plan of action for 2003-2008, and the existence of an Indigenous Peoples Unit in the Ministry of Environment and Natural Resources, all of which reflect a concern to ensure that environmental management is more sensitive to gender issues and more in tune with the multicultural reality of the country.

In addition, considerable efforts are being made to improve natural forest management and recover forest loss through the Forestry Incentives Programme of the National Forestry Institute (INAB). Under this programme, economic incentives are granted to encourage planting, resulting in the planting of an area of 39,948 hectares between 1997 and 2004. In 2005 alone 9,500 hectares are undergoing reafforestation, and the aim is to achieve by 2007 the reafforestation of a total of 44,100 hectares in areas without forest cover.

Progress achieved

Unlike the other goals, the target corresponding to MDG 7 (Ensure environmental sustainability) is not established in specific quantitative terms or with

particular timelines. Nevertheless, a review of the indicators shows that progress has been achieved, as will be seen below.

There has been an increase in forest cover and in the size of areas dedicated to the protection of biodiversity. According to official data, 34 per cent of the land was covered in forest in 1991 and in 2004, the percentage had risen to 40 per cent. Departments with the largest proportion of forest cover (70 per cent) are: Petén (52%), Alta Verapaz (10%) and Izabal (7%) (see map). Since the early 1990s, the area of the country set aside for the protection and maintenance of biodiversity has grown. From 1990 to 2005, it increased from 2,608,213 to 3,201,673 hectares, representing 24 and 30 per cent of the national territory, respectively. This area is divided into a total of 157 protected areas.

Less firewood is consumed, but carbon dioxide emissions have increased. According to data from the Ministry of Energy and Mines, the use of firewood as an alternative source of energy decreased between 1990 and 2005 as the proportion of homes using firewood dropped from 79 to 61 per cent over this period. The biggest consumption of firewood is in the departments of Totonicapán, Quetzaltenango, San Marcos, Huehuetenango and Alta Verapaz.[11] However, higher levels of carbon dioxide emission were recorded between 1990 and 2000, measured in metric tons per capita. In 1990, the figure was 0.47 and in 2000 it was 0.73.

Figure 11
Proportion of land area covered by forest (2004)

Map showing forest cover in the Republic of Guatemala

Source: UVG/INAB/MAGA/PAFG (2004).

Conditions for monitoring and follow-up of target

Since 1990, a series of information systems have been developed to ensure better monitoring and follow-up of target 9. They include the geographical

information system of the Ministry of Food and Agriculture (MAGA), the system of environmental indicators of the National Statistical Institute (INE), the information system of the National Forestry Institute (INAB), the information system of the Monitoring and Evaluation Centre of the National Council of Protected Areas (CONAP-CEMEC), and the biodiversity clearing house mechanism (CHM). Recently, the system of environmental indicators of the Ministry of Environment and Natural Resources (MARN) was established. In addition, more personnel have been trained in environmental database management. However, there is no simple centre that collates the information produced and some statistics particularly those on deforestation, the population that uses solid fuels, and carbon dioxide emissions, are generated at irregular intervals.

Challenges and likelihood of achieving target

It is difficult to track the evolution of all the indicators linked to target 9. This is largely because it is hard to predict the associated factors, such as the scale of energy-generating activities and electrification. It is possible, however, to track the evolution of the proportion of forest cover, assuming the same rate of loss of forested areas (about 52,000 hectares a year) and a recovery rate of 10,000 hectares a year. If these trends continue, by 2015 forested areas will account for approximately 33 per cent of the national territory, which is a worrying prospect. In order to reverse this trend, it will therefore be necessary to increase forest management and reafforestation and to control the most important factors contributing to forest loss (excessive tree felling, unsuitable planting practices and forest fires among others).

9.1 Water and sanitation

Target 10: Halve by 2015 the percentage of people without access to safe drinking water and sanitation services

Target 11: By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicator	*Baseline year*		*Latest official data*	*Target 2015*
	1990[a]	*1994*	*2002*	
Proportion of population with sustainable access to an improved water source	63%	68%	75%	82%
Proportion of population with access to improved sanitation	32%	35%	47%	66%

[a] Estimates based on 1981 Census and 1994 Census; IX Census 1994 and X Census 2002.

Action taken to achieve target

Greater investment and coordination in water and sanitation projects. Over the past 10 years, there has been increased investment in water and sanitation projects. In 1995, for example, total investment was 86.2 million quetzales, while in 2000 it was 340.1 million quetzales and in 2004 it was expected to be 405.1 million quetzales, covering the execution of some 355 projects nationwide. These

investments were made through the Municipal Development Institute/Rural Aqueduct Project Executive Unit (INFOM/UNEPAR), the Departmental Development Boards, the Presidential Secretariat for Executive Coordination (SCEP), the Social Investment Fund (FIS), the National Peace Fund (FONAPAZ), the Ministry of Public Health and Social Welfare (MSPAS), the Women's Unit of the Guatemalan Fund for Indigenous Development (FODIGUA), the private sector and with support from international cooperation.

Mention should also be made of the increasing efforts to mobilize technical and financial assistance, to more effectively monitor water quality and to gain support for the general water bill, which has been submitted to Congress. The bill provides for, inter alia, a legal and institutional framework and for an inventory of national water resources.

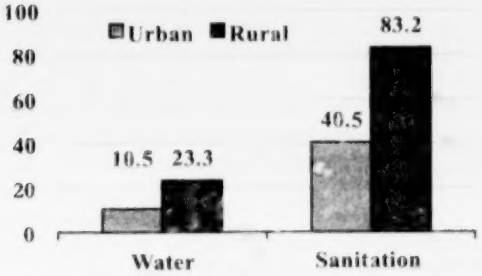
Progress achieved

Access to water services has improved nationwide. The relevant indicator shows that there has been an increase in the number of homes with improved water supplies, which, in the case of Guatemala, are defined as those with exclusive use of a tap, a tap shared by several homes and a public tap (outside the home). The proportion of homes with that service rose from 68.4 per cent in 1994 to 74.6 per cent in 2002.

Wider though still limited access to improved sanitation services. Between 1994 and 2002, the proportion of homes with improved sanitation services, defined as a lavatory bowl connected to a drainage system, a lavatory connected to a septic tank, or a flush toilet. This proportion rose from 35.2 to 46.9 per cent over that period, which represents significant though still insufficient progress.

There are marked shortages of water and sanitation services in rural areas and in some departments in the country. The biggest shortages of improved water sources and sanitation services are in the rural areas of Escuintla, Retalhuleu, Petén and Alta Verapaz. In these departments, shortages exceed 50 per cent. The differences between urban and rural areas are illustrated in the figure below.

Figure 12
Percentage of households without adequate water and sanitation services (2002)



Source: Based on data from 2002 Population Census.

Conditions for monitoring and follow-up of target

Currently there is no national information centre for water and sanitation, which is due in part to the institutional weakness of the Ministry of Public Health and Social Welfare (MSPAS), the lead agency. The most reliable and complete data are obtained from the national population and housing censuses, which disaggregates much of the data (by gender, region, department and ethnocultural origin). These censuses, however, are carried out at approximately 10-year intervals, which makes more continuous monitoring difficult. Furthermore, the information is distributed to various institutions (INFOM, MSPAS, social funds, municipalities, and others). Another major difficulty is that there are no permanent, reliable national records of water quality. These factors make it difficult to ensure follow-up and monitoring of targets 10 and 11.

Challenges and likelihood of achieving target

In order to achieve targets 10 and 11 and to make significant progress towards meeting other targets (particularly those relating to maternal and child health), investment in water and sanitation must be increased significantly in the rural areas of the country, particularly in those departments that lag farthest behind. The size of that investment would vary according to the rate of economic growth (between 3 and 5 per cent). For example, if the economy achieves and maintains an annual growth rate of 4 per cent between 2006 and 2015, investment in access to water in rural areas will have to be approximately 1.2 billion quetzales.

11. Develop a global partnership for development[12]

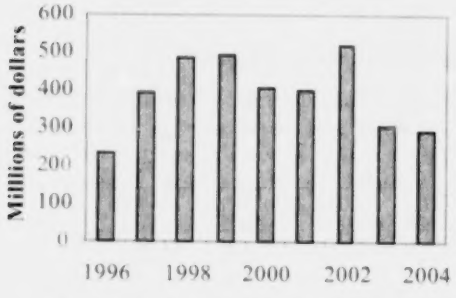
International cooperation

International cooperation flows reached their maximum in 1998 and 1999 and again in 2002, at a level of approximately $500 million. With the exception of 2002, in recent years the flow of resources has been steadily declining. In 2004, total international cooperation provided to Guatemala was only $290.2 million

(equivalent to 1.1 per cent of GDP). Of that total, 75 per cent was reimbursable and 25 per cent non-reimbursable (see figure below).

Attention must be drawn to the reduction in the flow of resources to Guatemala in the light of the recommendations of the United Nations Millennium Project (2005), also known as the Sachs report, which indicates that middle-income countries (such as Guatemala) could finance the Millennium Goals largely with their own resources. The report nevertheless points out that this is only possible in countries which are not extremely poor but rather have "pockets" of poverty. However, this is not the case in Guatemala, where poverty is clearly widespread and acute, with 21.5 per cent of the population living in extreme poverty.

Figure 13
International cooperation disbursed



Source: ECLAC (2005) based on official statistics

The use of per capita income as the main criterion for the allocation of official development assistance by international cooperation donors is clearly unsatisfactory because it does not reflect the real situation in the country. Per capita income is relevant where there are large concentrations of income and revenue, which is the case in urban centres or populated locations that have basic services. That indicator, however, cannot be representative in backward and remote communities that have insufficient income due to a lack of productive investment and high levels of open unemployment. In fact, the ratio of income between the richest and poorest 10 per cent of households in Guatemala is 63.6, the highest in Central America and one of the three highest in Latin America.[13]

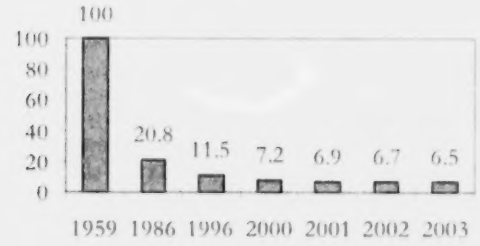
In light of these realities, we suggest the use of additional indicators: (i) poverty (measured by levels of consumption); and (ii) inequality (Gini coefficient). The existence of trade barriers to exports from the developing to the developed countries must also be taken into account. Another indicator which could therefore be subject to cooperation is: (iii) the average tariffs imposed by developed countries on agricultural and textile products from the developing countries. The rationale for the latter is that it would facilitate monitoring of international efforts to remove trade barriers for the developing countries and thereby promote increased economic growth. It must be remembered that most poor people work in the primary sector and/or in labour-intensive activities (such as agriculture or the textile industry) and that these sectors are often those which face the greatest obstacles to

international trade. The removal of these obstacles would lead to a significant increase in economic growth.[14]

Market access

Guatemala has taken various steps to increase its openness to trade. Its unilateral reduction of tariffs has made the country a fairly open economy (see figure below). It has also made progress by adopting a bilateral strategy. In 2000 it signed a free trade agreement with Mexico and subsequently with the Dominican Republic. It has also signed partial scope agreements with Colombia, Cuba, Panama and Venezuela. Among the negotiations that have been concluded or are about to be concluded are those on a free trade agreement with the Republic of China on Taiwan, which would open up Asian markets, and a partial scope agreement with Belize, as well as the promulgation of the DR-CAFTA, which was recently approved by the United States Congress.

Figure 14
Average tariff

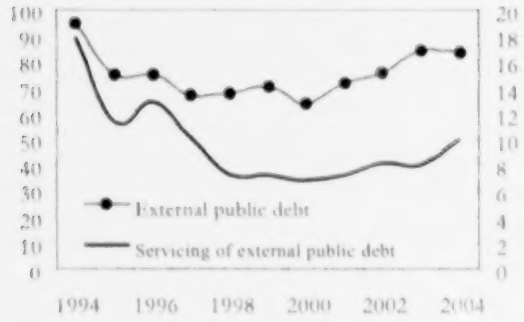


Source: ECLAC (2005a) based on data from CIEN and SIECA.

External debt

Unlike other Latin American, Caribbean and Central American countries, Guatemala's external debt situation is stable, with normal debt-servicing loads and external debt indicators in the moderate range. An ECLAC study has shown that Guatemala is the only country in Central America where public debt sustainability indicators are below the critical level. As a result, it has never been included in programmes such as HIPC for highly indebted countries. Guatemala's debt service as a percentage of its exports of goods and services (indicator 42) is one of the lowest in the region. In 2004 the ratio of debt servicing to exports was 10.0 per cent (see figure below). The ratio of debt to exports was 83.4 per cent, likewise one of the lowest in the region.

Figure 15
Indicators for external debt (as a percentage of exports of goods and services)



Source: ECLAC (2005a), based on Bank of Guatemala data.

12. Cost of achieving the goals

The cost of achieving the Millennium Development Goals include: eradicating extreme poverty and hunger (Goal 1); achieving universal primary education (Goal 2); eliminating gender disparity at all levels of education (Goal 3); reducing child mortality (Goal 4); and reducing maternal mortality (Goal 5). The estimates took into account various scenarios involving the impact of economic growth and the reduction of inequality on poverty in Guatemala between 2006 and 2015, as well as the impact of additional social policies on the indicators associated with the other targets.

The conclusions of the projections and costing exercise show that it is possible for Guatemala to achieve a high percentage of the Millennium Goals, provided that it promotes economic growth to help the poor, redistribution programmes and additional social policies to supplement existing ones, with a view to making a real improvement in the situation of groups which have been traditionally marginalized in Guatemala, such as the indigenous and rural populations.

Resources of up to 1.1 per cent of GDP annually will be required to achieve the goals in the areas of extreme poverty, hunger, education, gender and maternal and child mortality, assuming average annual economic growth of 3 per cent. If average annual economic growth is 5 per cent, the average resources needed would only represent 0.6 per cent of annual GDP. The level of resources in the former estimate is comprised of 0.4 per cent of GDP in direct redistribution costs and 0.7 per cent for additional social policies. Under the second scenario, all of the resources would be allocated to additional social policies.

While economic growth reduces the cost of redistribution policies and additional social policies, it alone will not suffice. Even the best combination of efforts will achieve only 70 per cent of the targets set. Under such a scenario it will

be possible to achieve the targets for reduction of infant malnutrition, gender equality in primary education, and reduction of infant and under-5 mortality rates. For some indicators, even under the most optimistic scenarios, it would only be possible to come very close to the proposed target, in such areas as the net enrolment rate in primary education and gender equality in secondary and higher education. Even under the most optimistic scenarios for growth, it will not be possible to achieve the maternal mortality and literacy indicators.

Table 3
Projections and costing of Millennium Goals

	Scenarios for economic growth		
Average cost as percentage of GDP		*3%*	*4%*	*5%*
Cost of redistribution	0.4%	0.2%	0.0%
Cost of additional social policies	0.7%	0.6%	0.6%
Total cost	1.1%	0.8%	0.6%
Goals achieved (through distribution) and additional social policies			
Poverty	Yes	Yes	Yes
Hunger	Close	Close	Yes
Education	Net enrolment close, literacy no (3 scenarios)		
Gender	Primary only	Primary only	All levels
Infant mortality	Yes	Yes	Yes
Child mortality	Close	Close	Close
Maternal mortality	No	No	No

Source: CIUP Estimates (2005) based on official data.

Bibliography

ASIES and UNDP-HDI (2005) *Metas del Milenio: Informe de avance Meta 1*. Mimeo.

Bravo, R. (2004) *Las metas del Milenio y la igualdad: el caso del Perú*. (Mujer y Desarrollo Series No. 55. UNIFEM-ECLAC).

ECLAC (2005) *Fomentar una asociación mundial para el desarrollo* (In collaboration with ECLAC México, for the report of the Government of Guatemala on the Millennium Goals 2005). Mimeo.

CIUP (2005) *Alcanzando los Objetivos de Desarrollo del milenio en Guatemala* (Final report on designing models to predict achievement of the Milennium Goals in Guatemala). Mimeo.

Government of Guatemala (2005) *2004 Presidential report: First year of the Government of Oscar Berger Perdomo*. (SEGEPLAN).

Prado, P. (2005) *Informe final de la Meta 2: Reducir a la mitad el número de personas que padezcan hambre*. Mimeo.

UN (2002) *Metas del Milenio: Informe de Avance de Guatemala*. (United Nations Office in Guatemala).

UN Millennium Project (2005) *Investing in development: a practical plan to achieve the Millennium Development Goals*. Electronic version provided by UNDP-HDI.

Annexes

Annex 1: MDGs at a glance

Goal	*Target*	*Indicators*	*Achievable?*
MDG 1	Target 1	1. Proportion of people whose income is less than one dollar a day (PPP)	Highly possible
MDG 1	Target 2	4. Prevalence of underweight children under five years of age	Moderately possible
MDG 2	Target 3	6. Net enrolment ratio in primary education	Moderately possible
		8. Literacy rate of 15-24-year-olds	Remotely possible
MDG 3	Target 4	9. Boy/girl ratio in primary education	Moderately possible
		9.1 Boy/girl ratio in secondary education	Highly possible
		10. Ratio of literate females to males of 15-to-24-year-olds	Remotely possible
MDG 4	Target 5	Under-five mortality rate, per 1,000	Moderately possible
MDG 5	Target 6	Maternal mortality ratio, per 100,000	Remotely possible

Key

Achieved: Target which, according to the latest official data, has already been achieved

Highly possible: Will be achieved, given 4% sustained growth (2006-2015) without additional social policies and redistribution of 0.18% of GDP

Moderately possible: Will be achieved, given 4% sustained annual growth (2006-2015) with additional social policies costing 0.63% of GDP and redistribution of 0.18% of GDP

Remotely possible: Would require 5% annual growth and redistribution of 0.03% of GDP or growth in excess of 6%

Annex 2: MDG statistics

	Latest official data			*Latest estimates*		
Indicators	*Percentage*	*Year*	*Source*	*Percentage*	*Year*	*Source*
Goal 1: Eradicate extreme poverty and hunger						
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day						
Proportion of population below $1 PPP per day	16	2000	ENCOVI 2000*	21.5	2004	ENEI 2004*
Poverty gap ratio				6.6	2000	ENCOVI 2000*
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger						
Underweight children (under five years of age)	22.7	2002	ENSMI 2002*			
Goal 2: Achieve universal primary education						
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling						
Net enrolment ratio in primary education				92.3	2004	MINEDUC and 2002 Census
Pupils starting grade 1 who reach grade 6				65.1	2004	2002 Census*
Literacy rate of 15-24-year-olds				82.2	2002	2002 Census*
Goal 3: Promote gender equality and empower women						
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015						
Ratio of girls to boys in primary education				0.95	2004	MINEDUC
Ratio of girls to boys in secondary education (basic cycle)				0.92	2003	MINEDUC
Ratio of girls to boys in secondary education (specialized cycle)				1.08	2003	MINEDUC

Indicators	Latest official data			Latest estimates		
	Percentage	Year	Source	Percentage	Year	Source
Ratio of literate females to males of 15-24-year-olds				0.91	2002	2002 Census*
Share of women in wage employment in the non-agricultural sector				37	2000	ENCOVI 2000*
Proportion of seats held by women in national parliament	9	2003	TSE			
Goal 4: Reduce child mortality						
Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate						
Under-five mortality rate (per 1,000 live births)	59	2002	ENSMI 2002*			
Infant mortality rate (per 1,000 live births)	44	2002	ENSMI 2002*			
Proportion of one-year-old children immunized against measles	75	2002	ENSMI 2002*			
Goal 5: Improve maternal health						
Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio						
Maternal mortality ratio (per 100,000 live births)	153	2000	Baseline maternal mortality	121	2000	UVG
Births attended by skilled health personnel	41	2000				

Indicators	Latest official data			Latest estimates		
	Percentage	Year	Source	Percentage	Year	Source
Goal 6: Combat HIV/AIDS, malaria and other diseases						
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS						
HIV prevalence among 15-to-24-year-old pregnant women						
Contraceptive prevalence rate	28.3	2002	ENSMI 2002*			
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases						
Prevalence and death rates associated with malaria (per 100,000 population)	3.1	2001	Project for the gradual elimination of DDT			
Prevalence and death rates associated with tuberculosis (per 100,000 population)	24	2000	MSPAS			
Proportion of tuberculosis cases detected and cured under directly observed treatment short course	75	2000	MSPAS			
Goal 7: Ensure environmental sustainability						
Target 9: Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environmental resources						
Proportion of land area covered by forest	39.9	2004	MAGA/INAB/UVG/PAFG			
Land area protected to maintain biological diversity	30	2005	CONAP			
GDP per unit of energy use	1 603	1999	MEM			

Indicators	Latest official data			Latest estimates		
	Percentage	*Year*	*Source*	*Percentage*	*Year*	*Source*
Carbon dioxide emissions	0.68	2000	MARN			
Proportion of people using firewood (additional indicator)	61	2005	MEM			
Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water						
Proportion of population with sustainable access to an improved water source	75	2002	2002 Census*			
Target 11: By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers						
Proportion of people with access to improved sanitation	47	2002	2002 Census*			

Note: Surveys and censuses marked with an asterisk (*) were conducted by the National Statistical Institute (INE).

Notes

[1] In 2004, Guatemala reverted to real per capita GDP growth.

[2] These estimates were made on the basis of the 2004 National Employment and Income Survey. The data should therefore be interpreted conservatively, given that the survey mechanism was not specifically designed to measure poverty. There is little comparability with previous data, and income is used as an indicator of well-being, rather than consumption which is, among others, a more reliable measurement of poverty.

[3] However, as indicated by Bravo (2004), "From the gender perspective, a definition of poverty that uses household income as a unit of measurement is widely questioned, both because it presupposes the homogeneous distribution of resources among members of the household and because it does not include housework as a basic resource of the household."

[4] For example, the precise question asked, failure to include all the necessary variables, different reference periods, etc.

[5] In this context, unless a second ENCOVI is conducted, a new official poverty survey will be available in Guatemala in 2006.

[6] Although it is now possible to disaggregate poverty by sex, depending on the head of the household, currently available data do not disaggregate the poverty levels among women in male-headed households or the internal distribution of resources among household members.

[7] According to estimates by the National Economic Research Centre (CIGN), this cost would cover the first stage of achieving the target of ensuring enrolment by boys and girls in the educational system.

[8] MSPAS. Strategic maternal mortality reduction plan 2004-2008, which is based on the 2003 strategic guidelines for reducing maternal mortality and the recommendations of the 2000 maternal mortality baseline of the national reproductive health programme.

[9] MSPAS. Manual for dealing with obstetric emergencies. National reproductive health programme.

[10] The survey faces the challenge of finding the best way to elicit information related to maternal mortality, as in the question about deceased sisters.

[11] National Statistical Institute, 2003, *Estadísticas sobre actividades humanas vinculadas con el ambiente* (in electronic form).

[12] Since this goal applies principally to developed countries, no monitoring of indicators is presented, but the country's situation in relation to the goal is shown, as well as its position with regard to cooperation and the access to markets.

[13] See World Bank (2003). Measurement of the incomes of the richest and poorest tenths of households indicates that Bolivia comes first in Latin America, with 143.5, followed by Paraguay with 70.4. In Central America, the biggest inequalities, after Guatemala, are found in Nicaragua, with 56.2.

[14] The indicator could also be produced nationally by the Central Bank and/or the Ministry of Economy and could be compared and monitored internationally by the World Trade Organization.